

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000071141

Entity Name: THE VERANDAS GP II, INC.**Current Principal Place of Business:**340 GULF BREEZE AVENUE
PUNTA GORDA, FL 33950**Current Mailing Address:**340 GULF BREEZE AVENUE
PUNTA GORDA, FL 33950**FEI Number:** 47-4202806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAXON, BERNICE S
201 E. KENNEDY BLVD
SUITE 600
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR
Name HELBER, LORAINÉ
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name AGABEDIS, HARRY
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name FABIAN, STEPHEN
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name WASHINGTON, MELODY
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name MONCK, RON
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name BOGGS, WANDA
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name OLIVA, PAT
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name BROWN, MERRITT
Address 340 GULF BREEZE AVENUE
City-State-Zip: PUNTA GORDA FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORAINÉ HELBER

EXECUTIVE DIRECTOR

01/27/2016

Electronic Signature of Signing Officer/Director Detail_____
Date